FRAVE EXPENSE CLAIM See Instructions Std. 262 (REV. 10/92) Statement On R						าร and *Pri Reverse S	vacy ide			Page1of1Pages					
:LAIMANT'S NAME							EMPLOYEE	NUMBER*							
Glen Thomas OSITION CB/ID NUMBER							OR BUREAU				Gov	4050			
	on etary		CRUD MOMP	=17		Office of the Secretary of Educati						INDEX NUMBER			
	NCE ADDE	RESS *					HEADQUARTERS ADDRESS						TELEPHONE NUMBER		
121	L Stre	ee #600					Street;	#600					916-322		
YTK			STATE		ZIP CODE		СІТУ					STATE	,	ZIP CODE	
Sacramento			CA			Sacrar	Sacramento				CA			95814	
i) monthyear April 09		(3)	(4)	(5)	MEALS ·		(6)	(7)	1	ANSPORTA	TION	(D)	_ (8)	(9)	
7) 2)		LOCATION WHERE EXPENSES	LODGING			0.T., L/T,	INGIDEN	(A)	(B) (C)		1		BUSINESS EXPENSE	TOTAL EXPENSES	
DATE	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE	TOLLS,	MILES	AMOUNT		FOR DAY	
<u> </u>	06:00-			17,5.				11			1	†	1		
)3		Sacto/San Diego		6.00	10.00	18.00				·	505	277.15/	1460	311.75	
4	_												64,60		
	1400	San Diego/Sacto	246.52	6.00	 		2.45		 	32.00	505	277.70	10 T. OZ)	564.72	
	_														
				1					\vdash		 	1			
					ļ						ļ	<u> </u>			
	-										}				
	<u> </u>	,	-	-	 				-		-			-	
		•													
-			1									<u> </u>			
								ļ ·							
	_		T .												
			_	-				<u> </u>						 	
		·										,			
	_	• -	 												
<u>.</u>											<u> </u>	<u> </u>	<u> </u>		
	-						ļ	. 1		,					
			-,									 		<u> </u>	
İ	, '														
	-			1								<u> </u>		<u> </u>	
		·									<u> </u>	-200		121	
0)	GIIB.	TOTALS										329.7		6500	
वसमूह			246.52	12.00	10.00	18.00	2.45		<u> </u>	32.00	1010	555.50	 	,87 6. 47	
)Irininini	CODE (ACOTO: USE ONLY)						<u> </u>	<u> </u>					<u> </u>	
	CLAI	M TOTAL					<u></u>					. \$	ام	876.47	
1) PUR	POSE OF	TRIP, REMARKS AND DETAILS (Attach rec	eipts/vouchers	when required))						(12) N	IORMAL WOR	K HOURS	1.50.	
4/03/	09 Me	eting in San Diego with U.S. S	ecretary o	f Educatio	n Arne D	uncan.			<u></u>		(40) PDN/ATE VELIC/E LICENSE NUMBER				
Note	: Reiml	bursed for transportation of Air	rfare cost o	due to ove	erage of c	ar mileag	e travel.				(13) PRIVATE VEHICLE LICENSE NUMBER				
		l overage - no state rate availa								,	(14) N	MILEAGE RAT	E CLAIMED		
14010	. 110101	Overage - no state rate asana		1110101.00	tuming p	200 , 2,	<u> </u>						······································		
						•					AGE	NGY ACC	OUNTNG	OFFICE	
		,										08	BONEY		
											PAID BT	REVOLVING	FUND CHEC	KNUMBER	
		ERTIFY That the above is a true statement of									ı				

(16.) S D -

OT A TE	0 8 1 11															
TRA	62 (REV. 10	EXPENSE CLAIM		See Instructions and *Privacy Statement On Reverse Side							Page 1 of 1 Pages					
Department of the last	ANT'S NAM			SSAN OR EMPLOYEE NUMBER*							DEPARTMENT					
	Thom	ias	•	C. A.							Governor's Office					
POSITIO	ом etary		-	CB/ID NUMBE	£R .	i	Office of the Secretary of Educat						INDEX NUMBER			
	ENCE ADDR	RESS *	1			HEADQUA	Office of the Secretary of Educa HEADQUARTERS ADDRESS						TELEPHONE NUMBER			
	L Stre	eet #600	STATE		ZIP CODE		1121 L Street #600						916-322-9204 ZIP CODE			
Sacra	amento	0 .	CA	,	95814	1	Sacramento					STATE CA	,	2IP CODE 95814		
1) MONTH/YEAR			(4)	(5)	MEALS	1	(6)	(7)	TR	ANSPORTA			(8)	(9)		
April	2009	LOCATION WHERE EXPENSES				O.T., L/T.		(A)	(B)	(C)		(D) TE CAR USE	BUSINESS	TOTAL		
;2) DATE	TIME	WERE INCURRED	LODGINĠ	BREAK-	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-	COST OF		TOLLS,	MILES		EXPENSE	EXPENSES FOR DAY		
DAIE	1200 -		 	FAST	LUNGA	 		TRANS.	USED	PARKING	141.22	711100				
16	-	Sacto/Chicago							-	13.00				13.00		
17	2100 0500 -	Chicago/Sacramento			,		6.00	150.00	-	13.00	-	· ·		169.00		
18		Sacto/LA/Sacto	ļ	6.00		<u> </u>		125.00	<u> </u>	9.00	<u> </u>		<u> </u>	140.00		
50		Sacramento							<u> </u>	3.00				3.00		
21	1430 - 1547	- Sacramento			•					6.00				6.00		
											1					
	-						· ·			<u> </u>						
, <u> </u>							<u> </u>					-				
	<u> </u>	.	-	<u> </u>	<u> </u>		<u> </u>			<u> </u>				,		
		ļ.,		<u> </u>						<u> </u>						
	-						 									
	-													.:		
	-						- 1									
10)	SUB.	TOTALS														
(c)	niciani de care	CODE (ACCTO USE ONLY)		6.00			6.00	275.00		44.00				331.00		
·	CLAII	M TOTAL		***********	Fahatar			******				\$	***************************************	331.00		
	1) PURPOSE OF TRIP, REMARKS AND DETAILS (Atlach receipts/vouchers when required) 4/16-17/08 Council of Chief State School Officers & National Governors Association Center for Best Practics										(12) NORMAL WORK HOURS					
		e, Chicago IL	/IIICEIS &	National	20/61101	5 ASSUCIAL	.10n Cent	er ioi des	31.710	1Ctics	(13) Pi	RIVATE VEHIC	CLE LICENSE	NUMBER		
									ILEAGE RATE	RATE CLAIMED						
4/20/	/09 Spe	eaking engagement CSSESA Ar	rts task fo	orce					-							
4/21/09 CSSESA Arts task force									USE	ONLY						
5) 1	riedby Ci	ERTIFY That the above is a fire statement of the	to travel eyns	- incurred	hu me in acco	ordance with DF	24 cales in the	contine of the	- Sigle			Marcar	0110 01			
to	California. If o or greater	f a privately owned value of the series of and if mile or than the	eage rates exc	ceed the minima	num rate, I certi	rtify that the cost tions 0750, 0751	st of operatting	r the vehicle w			÷					
LAIMAN	rehicle safet VT'S SI	λ,	DATE (16.) SIGNATUM							WAMENT DATE						

· VMENT DATE